



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Office of the
Secretary of State
Barbara Cegavske
Barbara Cegavske
Elections Division

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
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JStokes
1/11/2016

#2164

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply

☐ Change Name ☐ Previous Name of PAC

☐ Other:

Name of Committee: Liberty PAC Telephone: 702-522-1645

Mailing Address: 8250 W Charleston Blvd, Suite 100 Las Vegas NV 89117
Street Name, Number City State Zip Code

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.

To promote liberty in the state of Nevada.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent: Sen Don Gustavson Telephone: 702-522-1645

Physical Address: 8250 W Charleston Blvd, Suite 100 Las Vegas NV 89117
Street Name, Number City State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒ *Don Gustavson*
Signature of Registered Agent

Date: 01/11/2016



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:		Telephone:	
Sen Don Gustavson		702-522-1645	
Mailing Address:			
8250 W Charleston Blvd, Suite 100	Las Vegas	NV	89117
Street Name, Number	City	State	Zip Code
Officer Name and Title:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Officer Name and Title:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Officer Name and Title:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code

SUBMITTED BY:

X
Signature of Representative of Group

Printed Name:
Sen Don Gustavson

Date:
01/11/2016

Telephone:
702-522-1645